

UNITED STATES DISTRICT COURT  
DISTRICT OF CONNECTICUT  
141 CHURCH STREET  
NEW HAVEN, CONNECTICUT 06510  
(203) 773-2140

KEVIN F. ROWE  
CLERK

VICTORIA C. MINOR  
CHIEF DEPUTY CLERK

LORIA A. INFERRERA  
DEPUTY IN CHARGE

**CJA PANEL ATTORNEY DATA INFORMATION SHEET**

**PLEASE COMPLETE AND RETURN THIS SHEET TO VICTORIA C. MINOR, CHIEF DEPUTY CLERK,  
U.S. DISTRICT COURT, 141 CHURCH ST., NEW HAVEN, CT 06510**

**SOCIAL SECURITY NUMBER [required for any CJA payments]:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
***This number must be supplied, even if your firm receives the payments!***

**NAME AND MAILING ADDRESS:**

\_\_\_\_\_  
Last name, first name, middle initial or middle name

\_\_\_\_\_  
Street address and/or P.O. Box

\_\_\_\_\_  
City, state, zip code

\_\_\_\_\_  
Email Address

**TELEPHONE NUMBER:** \_\_\_\_\_  
Area code/telephone

**INITIAL BELOW YOUR CHOICE OF HOW PAYMENTS SHOULD BE REPORTED TO IRS:**

1. \_\_\_\_\_ Under my social security number and name, as indicated above
2. \_\_\_\_\_ To the law firm with which I am affiliated. The law firm's Taxpayer Identification Number, Name and Address are:

\_\_\_\_\_  
Taxpayer Identification Number of Law Firm  
***This number must be supplied if you selected option #2 above!***

\_\_\_\_\_  
Name of Law Firm

\_\_\_\_\_  
Address of Law Firm

\_\_\_\_\_  
**Signature of CJA Panel Attorney**

\_\_\_\_\_  
**Date**